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NEWS 3	APR 03	CAS coverage of exemplified prophetic substances enhanced
NEWS 4	APR 07	STN is raising the limits on saved answers
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NEWS 6	APR 26	USPATFULL and USPAT2 enhanced with patent assignment/reassignment information
NEWS 7	APR 28	CAS patent authority coverage expanded
NEWS 8	APR 28	ENCOMPLIT/ENCOMPLIT2 search fields enhanced
NEWS 9	APR 28	Limits doubled for structure searching in CAS REGISTRY
NEWS 10	MAY 08	STN Express, Version 8.4, now available
NEWS 11	MAY 11	STN on the Web enhanced
NEWS 12	MAY 11	BEILSTEIN substance information now available on STN Easy
NEWS 13	MAY 14	DGENE, PCTGEN and USGENE enhanced with increased limits for exact sequence match searches and introduction of free HIT display format
NEWS 14	MAY 15	INPADOCDB and INPAFAMDB enhanced with Chinese legal status data
NEWS 15	MAY 28	CAS databases on STN enhanced with NANO super role in records back to 1992
NEWS 16	JUN 01	CAS REGISTRY Source of Registration (SR) searching enhanced on STN
NEWS 17	JUN 26	NUTRACEUT and PHARMAML no longer updated
NEWS 18	JUN 29	IMSCOPROFILE now reloaded monthly
NEWS 19	JUN 29	EPFULL adds Simultaneous Left and Right Truncation (SLART) to AB, MCLM, and TI fields
NEWS 20	JUL 09	PATDPAFULL adds Simultaneous Left and Right Truncation (SLART) to AB, CLM, MCLM, and TI fields
NEWS 21	JUL 14	USGENE enhances coverage of patent sequence location (PSL) data
NEWS 22	JUL 27	CA/CAplus enhanced with new citing references
NEWS 23	JUL 16	GBFULL adds patent backfile data to 1855
NEWS 24	JUL 21	USGENE adds bibliographic and sequence information
NEWS 25	JUL 28	EPFULL adds first-page images and applicant-cited references
NEWS 26	JUL 28	INPADOCDB and INPAFAMDB add Russian legal status data

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=> s mitemcinal/cn
L1            1 MITEMCINAL/CN

=> d l1

L1   ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2009 ACS on STN
RN   154738-42-8  REGISTRY
ED   Entered STN:  03 May 1994
CN   Erythromycin, 8,9-didehydro-N-demethyl-9-deoxo-6,11-dideoxy-6,9-epoxy-12-O-
     methyl-N-(1-methylethyl)-11-oxo-  (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN   6,15-Dioxabicyclo[10.2.1]pentadecane, erythromycin deriv.
OTHER NAMES:
CN   Mitemcinal
FS   STEREOSEARCH
MF   C40 H69 N O12
CI   COM
```

SR CA
LC STN Files: ADISINSIGHT, CA, CAPLUS, CASREACT, CHEMCATS, EMBASE, IMSRESEARCH, IPA, PROMT, PROUSDDR, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
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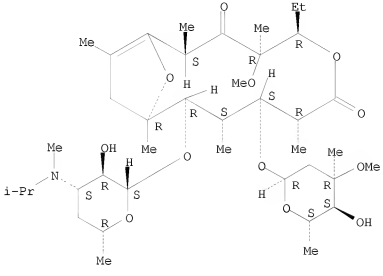
Absolute stereochemistry.



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22 REFERENCES IN FILE CA (1907 TO DATE)
22 REFERENCES IN FILE CAPLUS (1907 TO DATE)

=> file caplus
COST IN U.S. DOLLARS

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	7.88	8.10

FILE 'CAPLUS' ENTERED AT 15:02:08 ON 29 JUL 2009
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FILE LAST UPDATED: 28 Jul 2009 (20090728/ED)
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USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE:  Jun 2009

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of databases have been updated to include new citing references
information.  This enhancement may impact record import into
database management software.  For additional information, refer
to NEWS 22.

=> s l1
L2          22 L1

=> s l2 and (constipation or dyschezia)
          5461 CONSTIPATION
             8 DYSCHEZIA
L3           1 L2 AND (CONSTIPATION OR DYSCHEZIA)

=> d l3

L3   ANSWER 1 OF 1  CAPLUS  COPYRIGHT 2009 ACS on STN
AN   2007:1179963  CAPLUS
DN   149:323647
TI   Mitemcinal (GM-611), an orally active motilin agonist, facilitates
     defecation in rabbits and dogs without causing loose stools
AU   Sudo, H.; Ozaki, K.; Muramatsu, H.; Kamei, K.; Yogo, K.; Cynshi, O.; Koga,
     H.; Itoh, Z.; Omura, S.; Takanashi, H.
CS   Fuji-Gotemba Research Laboratories, Chugai Pharmaceutical Co., Ltd.,
     Gotemba, Shizuoka, Japan
SO   Neurogastroenterology & Motility (2007), 19(4), 318-326
     CODEN: NMOTEK; ISSN: 1350-1925
PB   Blackwell Publishing Ltd.
DT   Journal
LA   English
OSC.G   4     THERE ARE 4 CAPLUS RECORDS THAT CITE THIS RECORD (4 CITINGS)
RE.CNT  40    THERE ARE 40 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT


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COST IN U.S. DOLLARS                            SINCE FILE      TOTAL
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=> s l1<chem>
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SET COMMAND COMPLETED

SEL L1 1- CHEM
L4          SEL L1 1- CHEM :       2 TERMS

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FULL ESTIMATED COST                                     15.08      33.12

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FILE 'MEDLINE' ENTERED AT 15:03:21 ON 29 JUL 2009

S L4
L5         114 L4

=> s l5 and (constipation or dyschezia)
L6          13 L5 AND (CONSTIPATION OR DYSCHEZIA)

=> dup rem l6
PROCESSING COMPLETED FOR L6
L7           12 DUP REM L6 (1 DUPLICATE REMOVED)

=> d l7 1-12 ibib abs

L7   ANSWER 1 OF 12  EMBASE  COPYRIGHT (c) 2009 Elsevier B.V. All rights
     reserved on STN
ACCESSION NUMBER:   2009054854  EMBASE
TITLE:              Gastroparesis: Current diagnostic challenges and management
                    considerations.
AUTHOR:             Waseem, Shamaila
CORPORATE SOURCE:   Department of Pediatric Gastroenterology Hepatology and
                    Nutrition, University of Florida, 1600 SW Archer Rd.,
                    Gainesville, FL 32610, United States.
AUTHOR:             Moshiree, Baharak; Draganov, Peter V., Dr. (correspondence)
CORPORATE SOURCE:   Department of Gastroenterology Hepatology and Nutrition,
                    University of Florida, 600 SW Archer Rd., Gainesville, FL
                    32610, United States. dragapv@medicine.ufl.edu
SOURCE:             World Journal of Gastroenterology, (7 Jan 2009) Vol. 15,
```

No. 1, pp. 25-37.
Refs: 130
ISSN: 1007-9327 CODEN: WJGAF2
PUBLISHER: WJG Press, P.O. Box 2345, Beijing, 100023, China.
COUNTRY: China
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20 Feb 2009
Last Updated on STN: 20 Feb 2009

AB Gastroparesis refers to abnormal gastric motility characterized by delayed gastric emptying in the absence of mechanical obstruction. The most common etiologies include diabetes, post-surgical and idiopathic. The most common symptoms are nausea, vomiting and epigastric pain. Gastroparesis is estimated to affect 4% of the population and symptomatology may range from little effect on daily activity to severe disability and frequent hospitalizations. The gold standard of diagnosis is solid meal gastric scintigraphy. Treatment is multimodal and includes dietary modification, prokinetic and anti-emetic medications, and surgical interventions. New advances in drug therapy, and gastric electrical stimulation techniques have been introduced and might provide new hope to patients with refractory gastroparesis. In this comprehensive review, we discuss gastroparesis with emphasis on the latest developments; from the perspective of the practicing clinician. .COPYRGT. 2009 The WJG Press and Baishideng. All rights reserved.

L7 ANSWER 2 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2008526761 EMBASE
TITLE: Prokinetics and fundic relaxants in upper functional GI disorders.
AUTHOR: Tack, Jan (correspondence)
CORPORATE SOURCE: Center for Gastroenterological Research, K.U. Leuven, Belgium. Jan.Tack@med.kuleuven.ac.be
SOURCE: Current Opinion in Pharmacology, (December 2008) Vol. 8, No. 6, pp. 690-696.
Refs: 73
ISSN: 1471-4892 CODEN: COPUBK
PUBLISHER: Elsevier Ltd, Langford Lane, Kidlington, Oxford, OX5 1GB, United Kingdom.
PUBLISHER IDENT.: S 1471-4892(08)00157-4
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 5 Dec 2008
Last Updated on STN: 5 Dec 2008

AB Gastrointestinal prokinetics are a heterogeneous class of drugs that stimulate smooth muscle contractions to enhance gastric emptying and intestinal transit. Recently studied prokinetics include antidopaminergic agents (itopride), serotonergic agents (tegaserod and others), and motilin receptor agonists and ghrelin receptor agonists (mitemcinal, TZP101). It has been difficult to establish symptomatic benefit with prokinetic drugs in gastroparesis and functional dyspepsia, because of

pathophysiological heterogeneity of the patient populations, a lack of well-accepted endpoints, and inconsistent relationships between changes in motor function and symptomatic outcome. Fundic relaxant drugs are a recent different approach to treatment of gastric motility disorders. Recently studied drugs include drugs under investigation including nitrates, serotonin reuptake blockers, 5-HT(1A) receptor agonists (buspirone and R137696), and muscarinc M1/M2 receptor antagonists (acotiamide or Z-338). .COPYRGT. 2008 Elsevier Ltd. All rights reserved.

L7 ANSWER 3 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2007582821 EMBASE
TITLE: Emerging drugs for postoperative ileus.
AUTHOR: Greenwood-Van Meerveld, Beverley, Dr. (correspondence)
CORPORATE SOURCE: University of Oklahoma Health Science Center, VA Medical Center, Oklahoma Center for Neuroscience, Oklahoma City, OK 73104, United States. Beverley-Greenwood@ouhsc.edu
AUTHOR: Greenwood-Van Meerveld, Beverley, Dr. (correspondence)
CORPORATE SOURCE: University of Oklahoma Health Science Center, VA Medical Center, Research Administration, 921 NE 13th Street, Oklahoma City, OK 73104, United States. Beverley-Greenwood@ouhsc.edu
SOURCE: Expert Opinion on Emerging Drugs, (Nov 2007) Vol. 12, No. 4, pp. 619-626.
Refs: 73
ISSN: 1472-8214 CODEN: EOEDA3
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
006 Internal Medicine
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 27 Dec 2007
Last Updated on STN: 27 Dec 2007

AB Postoperative ileus (POI) is an impairment of coordinated gastrointestinal (GI) motility that develops as a consequence of abdominal surgery and is a major factor contributing to patient morbidity and prolonged hospitalization. Although the origin and cause of POI are poorly understood, it is known that abnormal GI motility associated with delayed gastric emptying and intestinal transit is a major factor leading to abdominal bloating, vomiting and lack of defecation. Furthermore, opioid drugs such as morphine, used for the management of postoperative pain, cause inhibition of bowel transit. Proposed mechanisms of POI include the stimulation of neuronal responses, such as excitation of afferent neurons and activation of noradrenergic, non-adrenergic and non-cholinergic neuronal pathways, as well as the induction of an intestinal inflammatory response. The development of new pharmacological strategies to prevent or reduce the frequency of POI is very important as existing approaches do not offer relief for most patients. This review describes emerging therapeutics that may advance the care of patients with POI. .COPYRGT. 2007 Informa UK Ltd.

L7 ANSWER 4 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN DUPLICATE 1

ACCESSION NUMBER: 2007152495 EMBASE
TITLE: Mitemcinal (GM-611), an orally active motilin agonist, facilitates defecation in rabbits and dogs without causing loose stools.
AUTHOR: Sudo, H.; Ozaki, K.; Muramatsu, H.; Kamei, K.; Yogo, K.; Cynshi, O.; Koga, H.; Takanashi, H. (correspondence)

CORPORATE SOURCE: Fuji-Gotemba Research Laboratories, Chugai Pharmaceutical Co., Ltd., Gotemba, Shizuoka, Japan. takanashihsn@chugai-pharm.co.jp
AUTHOR: Itoh, Z.
CORPORATE SOURCE: Gunma University, Maebashi, Gunma, Japan.
AUTHOR: Omura, S.
CORPORATE SOURCE: Kitasato Institute, Minato-ku, Tokyo, Japan.
AUTHOR: Takanashi, H. (correspondence)
CORPORATE SOURCE: Targeted Disease Areas Department, Chugai Pharmaceutical Co., Ltd., 1-1 Nihonbashi-Muromachi 2-Chome, Chuo-ku, Tokyo 103-8324, Japan. takanashihsn@chugai-pharm.co.jp
SOURCE: Neurogastroenterology and Motility, (Apr 2007) Vol. 19, No. 4, pp. 318-326.
Refs: 40
ISSN: 1350-1925 E-ISSN: 1365-2982 CODEN: NMOTEK
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19 Apr 2007
Last Updated on STN: 19 Apr 2007

AB The effects of mitemcinal (GM-611), an orally active motilin agonist, on defecation were investigated in rabbits and dogs. In normal rabbits, within 0-3 h of dosing, orally administered mitemcinal (2.5-10 mg kg(-1)) increased stool weight in a dose-dependent manner without causing loose stools. Sennoside (12-48 mg kg(-1)) also facilitated defecation within 2-9 h of oral administration, but the stools were significantly loosened. In the morphine-induced constipation model, the stool weight of morphine-treated rabbits (1 mg kg(-1)) was only 37.5% of that of untreated animals. Mitemcinal (0.5-20 mg kg(-1)) dose-dependently increased stool weight without increasing stool water content. At the highest dose of mitemcinal, stool weight recovered to 83.9% of that of untreated animals. In normal dogs, mitemcinal (0.3-3 mg kg(-1)) reduced the time to first bowel movement after oral administration without inducing diarrhoea at any dose. These results indicate that mitemcinal facilitates defecation without inducing severe diarrhoea. It is suggested that mitemcinal may be a novel therapeutic agent for constipation that enables easier control of the timing of defecation because of the early onset and short duration of its action, compared with sennoside. .COPYRGT. 2007 The Authors.

L7 ANSWER 5 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2008290814 EMBASE
TITLE: Novel approaches and clinical opportunity for gastrointestinal prokinetic drugs.
AUTHOR: Borman, Richard A.; Sanger, Gareth J. (correspondence)
CORPORATE SOURCE: Immuno Inflammation CEDD, GlaxoSmithKline, Stevenage, Hertfordshire SG1 2NY, United Kingdom. gareth_j_sanger@gsk.com
SOURCE: Drug Discovery Today: Therapeutic Strategies, (Sep 2007) Vol. 4, No. 3, pp. 165-170.
Refs: 42
ISSN: 1740-6773
PUBLISHER IDENT.: S 1740-6773(07)00029-0
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology

037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 2 Jul 2008
Last Updated on STN: 2 Jul 2008

AB Drugs which increase gastrointestinal (GI) motility are needed by many different patients where transit of intraluminal contents is reduced by disease, drugs or medical procedures. GI prokinetic drug classes include those which enhance gastric emptying (in particular, motilin and ghrelin receptor agonists) and those which increase transit through the intestine (e.g. 5-HT(4) and guanylate cyclase-C receptor agonists, and activators of CLC-2 chloride channels). The potential utility of these new agents is reviewed. .COPYRGT. 2007 Elsevier Ltd. All rights reserved.

L7 ANSWER 6 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2007289663 EMBASE
TITLE: Therapeutic approaches towards the treatment of gastroinstestinal disorders.
AUTHOR: Collingwood, Steve; Witherington, Jason
SOURCE: Drug News and Perspectives, (Mar 2007) Vol. 20, No. 2, pp. 139-144.
ISSN: 0214-0934 CODEN: DNPEED
COUNTRY: Spain
DOCUMENT TYPE: Journal; Conference Article; (Conference paper)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
037 Drug Literature Index
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 9 Jul 2007
Last Updated on STN: 9 Jul 2007

AB The Society for Medicines Research gathered an international panel of speakers and about 60 delegates for their symposium September 21, 2006, on Therapeutic Approaches Towards the Treatment of Gastroinstestinal Disorders, at the National Heart and Lung Institute, in London, U.K. The focus of the conference was to discuss therapeutic strategies taken towards the treatment of inflammatory bowel disease, acid-related disorders and irritable bowel syndrome. Key note lectures addressed the development of tegaserod, a 5-HT(4) receptor agonist, for the treatment of constipation dominant irritable bowel syndrome (cIBS), the use of tumor necrosis factor α (TNFα) inhibitors in the treatment of chronic inflammatory diseases, including Crohn's disease, the development of effective inhibitors of gastric acid secretion, the role of α(4)β(7) integrin in the development of Crohn's disease and ulcerative colitis, the parts played by the neuropeptides ghrelin and motilin in the control of gastrointestinal motility, and the role of bacteria in functional gastrointestinal disease. .COPYRGT. 2007 Prous Science. All rights reserved.

L7 ANSWER 7 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2006605256 EMBASE
TITLE: An update on autonomic neuropathy affecting the gastrointestinal tract.
AUTHOR: Horowitz, Michael, Dr. (correspondence)
CORPORATE SOURCE: Department of Medicine, University of Adelaide, Royal Adelaide Hospital, North Terrace, Adelaide, SA 5000, Australia. michael.horowitz@adelaide.edu.au

AUTHOR: Phillips, Liza K.; Rayner, Christopher K.; Jones, Karen L.
SOURCE: Current Diabetes Reports, (Dec 2006) Vol. 6, No. 6, pp. 417-423.
Refs: 60
ISSN: 1534-4827 CODEN: CDRUAK
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 027 Biophysics, Bioengineering and Medical Instrumentation
003 Endocrinology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 12 Jan 2007
Last Updated on STN: 4 May 2007

AB Gastrointestinal symptoms and disordered gut motility occur frequently in the diabetic population and are generally regarded as manifestations of gastrointestinal "autonomic dysfunction," although the relationships between both symptoms and dysmotility with abnormal cardiovascular autonomic function are weak. It is now recognized that the blood glucose concentration is both a determinant of and determined by gastrointestinal function. An improved definition of the underlying pathophysiology should facilitate the development of therapies that are targeted more effectively. Copyright .COPYRGT. 2006 by Current Science Inc.

L7 ANSWER 8 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2006354674 EMBASE
TITLE: Promotility medications - Now and in the future.
AUTHOR: Karamanolis, G.; Tack, J., Dr. (correspondence)
CORPORATE SOURCE: Center for Gastroenterological Research, KU Leuven, Leuven, Belgium. Jan.Tack@med.kuleuven.ac.be
AUTHOR: Tack, J., Dr. (correspondence)
CORPORATE SOURCE: Department of Internal Medicine, Division of Gastroenterology, University Hospital Gasthuisberg, Herestraat 49, BE-3000 Leuven, Belgium. Jan.Tack@med.kuleuven.ac.be
SOURCE: Digestive Diseases, (Jul 2006) Vol. 24, No. 3-4, pp. 297-307.
Refs: 152
ISSN: 0257-2753 CODEN: DIDIEW
COUNTRY: Switzerland
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 030 Clinical and Experimental Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 22 Aug 2006
Last Updated on STN: 22 Aug 2006

AB Gastrointestinal promotility drugs stimulate smooth muscle contractions to enhance gastric emptying and small and large bowel transit. Currently available drug classes with prokinetic properties include antidopaminergic agents, serotonergic agents, and motilin-receptor agonists. Due to moderate prokinetic effects, poor symptomatic responses and the presence of adverse effects, there is a clear need for new classes of prokinetics. Several newer prokinetic drugs and drug classes are currently under

evaluation. Selecting candidate agents and designing the appropriate therapeutic trials is hampered by the lack of insight in the pathophysiology of motility-related symptoms. As gastrointestinal motor disorders are chronic, relapsing, and remitting disorders, it seems desirable that studies with candidate prokinetic drugs establish a long-term efficacy and not only short-term effects on gastrointestinal functions. Copyright .COPYRGT. 2006 S. Karger AG.

L7 ANSWER 9 OF 12 EMBASE COPYRIGHT (c) 2009 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2006354667 EMBASE
TITLE: Gastrointestinal motility disorders: An update.
AUTHOR: Lacy, Brian E., Dr. (correspondence); Weiser, Kirsten
CORPORATE SOURCE: Division of Gastroenterology and Hepatology, Dartmouth-Hitchcock Medical Center, Lebanon, NH, United States. brian.lacy@hitchcock.org
AUTHOR: Lacy, Brian E., Dr. (correspondence)
CORPORATE SOURCE: Division of Gastroenterology and Hepatology, Area 4C, Dartmouth-Hitchcock Medical Center, 1 Medical Center Drive, Lebanon, NH 03756, United States. brian.lacy@hitchcock.org
SOURCE: Digestive Diseases, (Jul 2006) Vol. 24, No. 3-4, pp. 228-242.
Refs: 205
ISSN: 0257-2753 CODEN: DIDIEW
COUNTRY: Switzerland
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 011 Otorhinolaryngology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 22 Aug 2006
Last Updated on STN: 22 Aug 2006

AB Gastrointestinal motility disorders encompass a wide array of signs and symptoms that can occur anywhere throughout the luminal gastrointestinal tract. Motility disorders are often chronic in nature and dramatically affect patients' quality of life. These prevalent disorders cause a tremendous impact both to the individual patient and to society as a whole. Significant progress has been made over the last 5 years in understanding the etiology and pathophysiology of gastrointestinal motility disorders. This clinical update will focus on seven of the most common gastrointestinal motility disorders (achalasia, non-achalasia esophageal motility disorders, dyspepsia, gastroparesis, chronic intestinal pseudo-obstruction, irritable bowel syndrome, and chronic constipation) with an emphasis on current treatment options and new therapeutic modalities. Copyright .COPYRGT. 2006 S. Karger AG.

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ACCESSION NUMBER: 2006221644 EMBASE
TITLE: The IBS market.
AUTHOR: Ashburn, Ted T., Dr. (correspondence); Gupta, Meera S.
CORPORATE SOURCE: Dynogen Pharmaceuticals Inc., 52 Second Avenue, Waltham, MA 02451, United States. tashburn@dynogen.com
SOURCE: Nature Reviews Drug Discovery, (Feb 2006) Vol. 5, No. 2, pp. 99-100.
Refs: 4
ISSN: 1474-1776 E-ISSN: 1474-1784 CODEN: NRDDAG
PUBLISHER IDENT.: N1961
COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology
030 Clinical and Experimental Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
ENTRY DATE: Entered STN: 5 Jun 2006
Last Updated on STN: 5 Jun 2006

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ACCESSION NUMBER: 2005369856 EMBASE
TITLE: Annual update 2004/2005 - Treatment of gastrointestinal disorders.
AUTHOR: Prous, J.R.
SOURCE: Drugs of the Future, (Jun 2005) Vol. 30, No. 6, pp. 581-588.
ISSN: 0377-8282 CODEN: DRFUD4
COUNTRY: Spain
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 037 Drug Literature Index
048 Gastroenterology
LANGUAGE: English
ENTRY DATE: Entered STN: 29 Sep 2005
Last Updated on STN: 29 Sep 2005

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ACCESSION NUMBER: 2005294462 EMBASE
TITLE: Digestive disease week 2005. Drug highlights II. 15-18 May 2005, Chicago, IL, USA.
AUTHOR: De La Rue, Sarah A. (correspondence)
CORPORATE SOURCE: University of Virginia, PO Box 800708, Charlottesville, VA 22908, United States. sarahdlr@virginia.edu.; sarahdlr@virginia.edu
SOURCE: IDrugs, (Jul 2005) Vol. 8, No. 7, pp. 539-541.
ISSN: 1369-7056 CODEN: IDRUFN
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 003 Endocrinology
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
006 Internal Medicine
LANGUAGE: English
ENTRY DATE: Entered STN: 21 Jul 2005
Last Updated on STN: 21 Jul 2005

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(FILE 'HOME' ENTERED AT 15:01:37 ON 29 JUL 2009)

FILE 'REGISTRY' ENTERED AT 15:01:48 ON 29 JUL 2009
L1 1 S MITEMCINAL/CN

FILE 'CAPLUS' ENTERED AT 15:02:08 ON 29 JUL 2009
L2 22 S L1
L3 1 S L2 AND (CONSTIPATION OR DYSCHEZIA)

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     FILE 'EMBASE, BIOSIS, MEDLINE' ENTERED AT 15:03:14 ON 29 JUL 2009

     FILE 'REGISTRY' ENTERED AT 15:03:20 ON 29 JUL 2009
                SET SMARTSELECT ON
L4           SEL L1 1- CHEM :       2 TERMS
                SET SMARTSELECT OFF

     FILE 'EMBASE, BIOSIS, MEDLINE' ENTERED AT 15:03:21 ON 29 JUL 2009
L5           114 S L4
L6            13 S L5 AND (CONSTIPATION OR DYSCHEZIA)
L7            12 DUP REM L6 (1 DUPLICATE REMOVED)

=>

---Logging off of STN---


=>
Executing the logoff script...


=> LOG Y

COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                    53.01      86.13

STN INTERNATIONAL LOGOFF AT 15:04:37 ON 29 JUL 2009
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